WELL COMPLETION REPORT

LAICE CARNEL

PUTNAM COUNTY DEPARTMENT OF HEALTH

27 05 73 40 14

Division of Environmental Health Services COUNTY OFFICE BUILDING - CARMEL, NEW YORK

This report is to be completed by well driller and submitted to County Health Department together with laboratory report of analysis of water sample indicating water is of satisfactory bacterial quality before certificate of construction compliance is issued.

OWNER	NAME	ONAL	D J Lyo		ADDRESS) T FROM	e Del	e Poeks	16166	N4.
LOCATION OF WELL	20		URE DRIV		Kent	(Town)		(Lo	t Number
PROPOSED USE OF WELL	DO PU	DMESTIC IBLIC	BUSINESS ESTABLISHMEN		FARM AIR CONDITION		TEST WELL OTHER (Specify)	625	5
DRILLING	X RC	TARY	COMPRESSED AIR PERCUSSIO	ON	CABLE	N	OTHER (Specify)		
CASING DETAILS	LENGTH		DIAMETER (Inches) W	EIGHT PER FOOT	THREADED	WELDED	DRIVE SHOE	WAS CASIN	S GROUTED?
YIELD	BA	ILED	1	COMPRESS	ED AIR	HOURS /	G.P.M.	YIELD (G.P.M.)	
WATER MEASURE FROM LAND		B SURFACE STATIC (Specify feet) DURING			C3		Depth of Completed Well in feet below Land surface:		
	MAKE							LENGTH OPEN	TO AQUIFER (feet)
DETAILS	SLOT 5	IZE	DIAMETER (inches)	IF GRAVEL PACKED:	Diameter of w gravel pack (//		GRAVEL SIZE (Inches)	FROM (feet)	TO (leet)
DEPTH FROM LAND SURFACE FEET to FEET			FORMATION DESCRIPTION			Sketch exact location of well with distances, to at least two permanent landmarks.			
2 o	3.5 d was test	HAR GRAN AT	ITE UNTI	E - HAS	1				
		50 75	3 GP	М БРИ					